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Reply to Missing Parts under 37 CFR 1.52 or 1.53

Kolisch Hartwell P.C.

Peter D. Sabido

February 23, 2006

Fee Transmittal Form

Amendment/Reply

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| 2006 | .) | | | PTO/SB/21 (09-04) of for use through 07/31/2006. OMB 0651-0031 | | | | | | | | | | |
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| no period | U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE | | | | | | | | | | | | | |
| N. | Application Number | 10/672, | | | | | | | | | | | | |
| | Filing Date | Septem | ber 25 | 5, 2003 | | | | | | | | | | |
| | First Named Inventor | Jon C. Marine et al. | | | | | | | | | | | | |
| | Art Unit | 3711 | | | | | | | | | | | | |
| ling) | Examiner Name | Urszula | M. Cegielnik | | | | | | | | | | | |
| 9 | Attorney Docket Number | MAT 315 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| ENCLOSURES (Check all that apply) | | | | | | | | | | | | | | |
| | Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) | | | After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Interpretation Postcard ock for \$120 | | | | | | | | | | |
| ſ | Landscape Table on CD | | | | | | | | | | | | | |
| Remar | rks | | | | | | | | | | | | | |
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50,353

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PTO/SB/17 (12-04)

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| Fees pursuant to the Consolida | | | - 1 | Application Number | 10/672, | 957 | | | | | | |
| FEE TRANSMITTAL | | | | Filing Date | September 25, 2003 | | | | | | | |
| For FY 2005 | | | | First Named Inventor | Jon C. Marine et al. | | | | | | | |
| Applicant eleima ampli antitu etatus. San 27 CED 1 27 | | | | Examiner Name | | | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 120 | | | | Art Unit 3711 | | | | | | | | |
| TOTAL AMOUNT OF PAYN | | Attorney Docket No. | MAT 315 | | | | | | | | | |
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| Deposit Account Deposit Account Number: 11-1540 Deposit Account Name: Kolisch Hartwell, P.C. | | | | | | | | | | | | |
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| information and authorization on PTO-2038. | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | |
| BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES | | | | | | | | | | | | |
| Aumliantian Tuna | 5 | mall Entity | | Small Entity | Smal | Entity | Fees Paid | (c) | | | | |
| Application Type | Fee (\$) | | Fee (\$) | | | <u>e (\$)</u> | rees Pala | 73) | | | | |
| Utility | 300 | | 500 | | |)0 | - | | | | | |
| Design | 200 | | 100 | | | 55 - | | | | | | |
| Plant | 200 | 100 | 300 | | | 30 - | | | | | | |
| Reissue | 300 | 150 | 500 | 20.0 | - | . 00 | | | | | | |
| Provisional | | . 100 | 0 | 0 | 0 | 0 - | | | | | | |
| 2. EXCESS CLAIM FEES Fee Description | 5 | | | | | | | all Entity Fee (\$) | | | | |
| Each claim over 20 or, for | Reissues. | each claim over 2 | 20 and r | more than in the ori | ginal pater | nt | 50 | 25 | | | | |
| Each independent claim o | | | | | | | | 100 | | | | |
| Multiple dependent claims | | | | | | | 360 | 180 | | | | |
| | | | Fee Pa | | _ | dent Claims | (e) | | | | | |
| - 20 or HP = HP = highest number of total cl | aims paid for | x = | | | ее (\$) | Fee Pald | (2) | | | | | |
| Indep. Claims | | | Fee Pa | nid (\$) | | | | | | | | |
| - 3 or HP = HP = highest number of indepe | ndent claims | x = | 3 | | | | | | | | | |
| 3. APPLICATION SIZE F | | para tari ii gi aatar atari | • | | | | | | | | | |
| If the specification and | drawings o | | | | | | 5 for small | entity) | | | | |
| for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Pald (\$) - 100 = /50 = (round up to a whole number) x = | | | | | | | | | | | | |
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| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | | |
| | Other: 1-Month Extension 120 | | | | | | | | | | | |
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| SUBMITTED BY Signature | A Designation No. | | | | | | | | | | | |
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Name (Print/Type) Peter D. Sabido